

Non-Refundable Processing Fee:			
[]	New Filing	\$22.00	
[]	Applicant/Owner Transfer	N/A	

	n violation of the	rights of another	r under
Section 42-2-5 Et seq.).			
	•	ole Proprietorship, yo	ou must submit
City:		State:	Zip:
	Signature:		
City:		State:	Zip:
siness entity must be in good standing a ransfer must be attached.	and incorporated, regis	stered or qualified in th	ne state of Utah.
ness in the state of Utah?	Yes No En	tity Number:	
Address:			
City:	State	e: Zip:	
Name:			
City:	State	e: Zip:	
G: 4			
	f Utah of an assumed name in Section 42-2-5 Et seq.). It to the Division of Corporations (please are faxing you must include, on a covered here is status as a General Here existing name), a new DBA filing BUSINESS INFORMAT City: City: IATION ABOUT YOU THE APPI stiness entity must be in good standing transfer must be attached. PLICANT/OWNER INFORMAT PLICANT/OWNER INFORMAT Name: Address: City: Signature: Name: Address: City: Signature: Name: Address: City:	To the Division of Corporations (please file in duplicate). To the Division of Corporations (please file in duplicate). The dark faxing you must include, on a cover sheet, the number of the division of Corporations (please file in duplicate). The dark faxing you must include, on a cover sheet, the number of the existing name), a new DBA filing is required. BUSINESS INFORMATION City: Signature: ATION ABOUT YOU THE APPLICANT/OWNER siness entity must be in good standing and incorporated, reginansfer must be attached. PLICANT/OWNER INFORMATION The dark factor of Utah? Name: Address: City: Signature: Name: Address: City: State City: State City: State City: State City: State State State City: State City: State City: State City: State State City: State City: State State City: City: State City: City: City: State City: City: City: State City: City: City: City: City: City: City: State City: C	c to the Division of Corporations (please file in duplicate). If mailing, please include are faxing you must include, on a cover sheet, the number of a VISA/MasterCard which will affect its status as a General Partnership or Sole Proprietorship, you he existing name), a new DBA filing is required. BUSINESS INFORMATION City: State: Signature: City: State: ATION ABOUT YOU THE APPLICANT/OWNER siness entity must be in good standing and incorporated, registered or qualified in the ransfer must be attached. PLICANT/OWNER INFORMATION

Under GRAMA {63-2-201}, all registration information maintained by the Division is classified as public record. For confidentiality purposes, the business entity physical address may be provided rather than the residential or private address of any individual affiliated with the entity.

Mail In: PO Box 146705

Salt Lake City, UT 84114-6705 Walk In: 160 East 300 South, Main Floor Information Center: (801) 530-4849 Toll Free: (877) 526-3994 (within Utah)

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